emphasized that clinical pharmacologists have in common a need to educate medical students, no matter what their other interests may be. He believed that teaching in the clinical and preclinical years is necessary for clinical pharmacology. He felt that a considerable amount of education in the rational use of drugs should be available in the fourth year of medical school and at the house-officer level in the form of ward rounds. He emphasized that the clinician who becomes a clinical pharmacologist needs at least two years of serious basic science education in fundamental pharmacology. The recruitment possibilities in this field are good only where there is serious and productive work in both education and research.

Other individuals discussed the relationships to clinical pharmacology of special clinical fields, including psychiatry, pediatrics, and anesthesiology. A discussion of the Food and Drug Administration's role was provided by Dr. Marion Finkel. There appears to be an interest on the part of the Food and Drug Administration to work more closely with both universities and industry than has been true in the past.

A summary of the available support for clinical pharmacology was presented. The roles of the National Institutes of Health, the Burroughs Wellcome program, and the Pharmaceutical Manufacturers Association program were described in detail. Inquiries about these may be made directly to Dr. Byron Clarke of the National Institute of General Medical Sciences, Dr. I. C. Winter of the Pharmaceutical Manufacturers Association Foundation, and Dr. Gordon Zubrod of the Burroughs Wellcome program.

A panel discussion by the deans of several medical schools also took place: the views, requirements and possible help by the schools of medicine were presented. The speakers in this program were Dr. E. M. Papper of the University of Miami; Dr. Thomas Whitsett, substituting for the tragically and recently deceased Dr. John Colemore of the University of Oklahoma; Dr. Clifford Gurlee of the University of Cincinnati; and Dr. Arthur Richardson of Emory University. It was pointed out that the schools of medicine welcomed the development of clinical pharmacology. There was considerable difference of opinion on how the field should be developed and supported, but the concensus was that it belonged in a Department of Pharmacology with very strong connections with all the clinical departments, including those of anesthesiology and the surgical specialties, as well as the traditional relationship with internal medicine.

E. M. Papper, M.D
University of Miami
School of Medicine
Miami, Florida

Surgery

SEPTICEMIA EPIDEMIC Five patients, all of whom had operations on the same day in the same operating room, developed septicemia. All had been anesthetized by one anesthesiologist, who used the same one-liter bottle of 5 per cent dextrose in Ringer's lactate solution containing 0.2 per cent succinylcholine for each patient, changing infusion sets between cases. Cultures of blood from the patients and solution from the bottle grew *Klebsiella pneumoniae* and *Aerobacter cloacae*. All patients survived, but all had stormy postoperative courses. The source of contamination was probably a minute crack in the common infusion bottle. The abolition of multiple-dose intravenous solutions would prevent future epidemics, but would not prevent isolated cases. Anesthesiologists are urged to make postoperative, as well as preoperative, patient visits. (*Sack, R. A.: Epidemic of Gram-negative Organism Septicemia Subsequent to Elective Operation, Amer. J. Obstet. Gynec. 108: 394 (June) 1970.*)